

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025787

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 113

FILED JUN 26 1962

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1085

21085

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4 0

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12 86-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> | | Length of stay in 1b <u>85 yrs</u> | c. CITY OR TOWN <u>Nevada</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Belcher Nur. Home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>614 N Wash.</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Allen</u> Last <u>Story</u> | | 4. DATE OF DEATH Month <u>5</u> Day <u>27</u> Year <u>62</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jul 14, 76</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <u>87</u> |
| 13a. FATHER'S NAME <u>Thomas A. Story</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Thompson</u> | 14. NAME OF HUSBAND OR WIFE <u>Ida Mae Story</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>[redacted]</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Prostate</u> | | 17. INFORMANT <u>Condon Story, Nevada, Mo.</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>about one year</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Advanced age</u> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY <u>None</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Nevada</u> | 20f. CITY, TOWN, OR LOCATION <u>Nevada</u> | | |
| 21. I attended the deceased from <u>April 1961 to May 26, 1962</u> | | 21. I attended the deceased from <u>4:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <u>W. Love</u> | | 22b. ADDRESS <u>Nevada, Mo</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>5/29/62</u> | |
| 24. FUNERAL DIRECTOR <u>Richard L. Shorten, Nevada, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-23-1962</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Anna & Jerry</u> | | 27. DATE SIGNED <u>6-25-62</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lloyd C. McLeod

Licensed Embalmer No. 4853

P. O. Address Florida, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.